MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SER 10/048196

FILING DATE

APPLICANT(S)

CLAIMS

IND. DEP.			ILED	AF 1st AME	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631

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